U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 1359	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Frank W O'Lone	Name Chicago & Cook County Building Trades Council
	Labor Organization File Number 017-836
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any Suite 1850
Street 14419 W. Renmore Rd.	Street 150 N. Wacker Drive
City Homer Glen	City Chicago
State Illinois ZIP Code + 4 60491	State Illinois ZIP Code + 4 60606
5. Position in labor organization. Sec.Treas. 3/1/04-12/31/0	)4
A. Held an interest in, engaged in transactions (including loans) with	ur spouse or minor child directly or indirectly had any of the following interests e exclusions set forth in the instructions):  th, or derived income or other economic benefit of nization represents or is actively seeking to represent.
(except as specified in the	th, or derived income or other economic benefit of
(except as specified in the  A. Held an interest in, engaged in transactions (including loans) wit monetary value from an employer whose employees your organ	e exclusions set forth in the instructions): th, or derived income or other economic benefit of nization represents or is actively seeking to represent.
A. Held an interest in, engaged in transactions (including loans) wit monetary value from an employer whose employees your organs.  6. Name and address of Employer (including trade name, if any).	e exclusions set forth in the instructions): th, or derived income or other economic benefit of nization represents or is actively seeking to represent.
(except as specified in the  A. Held an interest in, engaged in transactions (including loans) wit monetary value from an employer whose employees your organ  6. Name and address of Employer (including trade name, if any).  Name	th, or derived income or other economic benefit of nization represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.
(except as specified in the  A. Held an interest in, engaged in transactions (including loans) wit monetary value from an employer whose employees your organ  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	e exclusions set forth in the instructions): th, or derived income or other economic benefit of nization represents or is actively seeking to represent.
(except as specified in the  A. Held an interest in, engaged in transactions (including loans) wit monetary value from an employer whose employees your organ  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	th, or derived income or other economic benefit of nization represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.
(except as specified in the  A. Held an interest in, engaged in transactions (including loans) wit monetary value from an employer whose employees your organ  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	th, or derived income or other economic benefit of nization represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.
(except as specified in the  A. Held an interest in, engaged in transactions (including loans) wit monetary value from an employer whose employees your organ  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City	th, or derived income or other economic benefit of nization represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.
(except as specified in the  A. Held an interest in, engaged in transactions (including loans) wit monetary value from an employer whose employees your organ  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  15. Signature and verification. The undersigned declares, under pena	th, or derived income or other economic benefit of nization represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  Signature  alty of Perjury and other applicable penalties of the law, that all of the information manaying documents), has been examined by the signatory and is to the best of the
(except as specified in the  A. Held an interest in, engaged in transactions (including loans) wit monetary value from an employer whose employees your organ  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  15. Signature and verification. The undersigned declares, under penasubmitted in this report (including the information contained in any accordance).	th, or derived income or other economic benefit of nization represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  Signature  alty of Perjury and other applicable penalties of the law, that all of the information manaying documents), has been examined by the signatory and is to the best of the

Name of Person Filing Frank O'Lone *	P.	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary vas ubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or included ling with your labor organization or with a trust in which your labor organization.	wise dealing with the busines: ively seeking to represent, or directly to, or otherwise	<b>S</b>	
8. Name and address of Business (including trade name, if any).  Name Amalgamated Bank  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street One West Monroe Street  City Chicago  State Illinois ZIP Code + 4 60603  10. If 9.b. or 9.c. is checked give trust or employer's name.	9. Business deals with:    X   a. Labor Organiza     b. Trust     c. Employer    11.a. Nature of such dealing     Dinner at required		
Name	brimer at required	out of town conference.	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar valu	o of our bod a clima	
City	12.a. Nature of interest held		125
State ZIP Code + 4			
	12.b. Amount.		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	77-27-10-27-1	
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment	The second secon	

Name of Person Filing Frank O'Lone	,	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the busines vely seeking to represent, or lirectly to, or otherwise	s
8. Name and address of Business (including trade name, if any).  Name Bansley & Kiener, L.L.P.  Trade Name, if any:  P.O. Box, Bldg., Room No., if any #200  Street 8745 West Higgins Road  City Chicago  State Illinois ZIP Code + 4 60631  10. If 9.b. or 9.c. is checked give trust or employer's name.	9. Business deals with:  a. Labor Organiza  b. Trust  c. Employer  11.a. Nature of such deali	
Name	Holiday Fruit & Ca	ndy Basket with shipping.
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	11.b. Approximate dollar valu	
	12.b. Amount.	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		
Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name	14.a. Nature of payment.	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

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Name of Person Filing Frank O'Lone	,	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in which your labor organization or with a trust in which your labor organization.	wise dealing with the busines vely seeking to represent, or lirectly to, or otherwise	s
8. Name and address of Business (including trade name, if any).  Name Blue Cross Blue Shield of Illinois  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 300 East Randolph Street  City Chicago  State Illinois ZIP Code + 4 60601  10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:	9. Business deals with:    X	ng.
P.O. Box, Bldg., Room No., if any		
Street	11 h. Approvimato della cuali	to of such dealing
City	11.b. Approximate dollar value 12.a. Nature of interest hel	
State ZIP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		ov.
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing Frank O'Lone	` .	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active.  (2) any part of which consists of buying from or selling or leasing directly or included ling with your labor organization or with a trust in which your labor organization.	wise dealing with the busines vely seeking to represent, or lirectly to, or otherwise	s	***
8. Name and address of Business (including trade name, if any).  Name Chicago Federation of Labor  Trade Name, if any:  P.O. Box, Bldg., Room No., if any 26th Floor  Street 130 E. Randolph  City Chicago  State Illinois ZIP Code + 4 60601	9. Business deals with:  a. Labor Organiza  b. Trust  c. Employer	tion	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	_	*****
Name	Annual Christmas I	uncheon and door prize.	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11 b. Approximate deliar valu	a of such dealing	č1.00
City	<ul><li>11.b. Approximate dollar value</li><li>12.a. Nature of interest held</li></ul>		\$100
State ZIP Code + 4			
	12.b. Amount.		or visit in the contract of th
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above)		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			A CONTRACTOR OF THE CONTRACTOR
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing Frank O'Lone	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or inc dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name Construction Employers' Association  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 3400  Street 221 N. LaSalle St.  City Chicago  State Illinois ZIP Code + 4 60601  10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City	9. Business deals with:    X   a. Labor Organization     b. Trust     c. Employer    11.a. Nature of such dealing.  Annual Luncheon Meeting.  11.b. Approximate dollar value of such dealing. \$50  12.a. Nature of interest held or income received.
State ZIP Code + 4	12.b. Amount.
C. Received from any employer (other than an employer covered under	r parts A and R above)
or from any labor relations consultant to an employer any payment of money	
Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name	14.a. Nature of payment.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing Frank O'Lone		File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the busines vely seeking to represent, or directly to, or otherwise	s
8. Name and address of Business (including trade name, if any).  Name Construction Industry Service Corporation  Trade Name, if any: Cisco  P.O. Box, Bldg., Room No., if any #100  Street 616 Enterprise Drive  City Oak Brook  State Illinois ZIP Code + 4 60523  10. If 9.b. or 9.c. is checked give trust or employer's name.	9. Business deals with:  a. Labor Organiza  b. Trust  c. Employer  11.a. Nature of such deali	
Name	Annual luncheon he	ld at White Sox Park.
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	11.b. Approximate dollar valu	ue of such dealing. \$125
City	12.a. Nature of interest held	
State ZIP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		a e e e e e e e e e e e e e e e e e e e
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing Frank O'Lone	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name Great Lakes Advisors, Inc.	9. Business deals with:
Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 2350  Street 123 N. Wacker Drive  City Chicago  State Illinois ZIP Code + 4 60606	a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.  Lunch and golf outing.
Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$1.25  12.a. Nature of interest held or income received.
	12.b. Amount.
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

Name of Person Filing Frank O'Lone		File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actiful (2) any part of which consists of buying from or selling or leasing directly or included ling with your labor organization or with a trust in which your labor organization.	wise dealing with the busines vely seeking to represent, or lirectly to, or otherwise	s
8. Name and address of Business (including trade name, if any).  Name Illinois State AFL-CIO  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 534 South Second Street  City Springfield  State Illinois ZIP Code + 4 62701  10. If 9.b. or 9.c. is checked give trust or employer's name.	9. Business deals with:  a. Labor Organiza  b. Trust  c. Employer	
Name	Annual Christmas L	uncheon.
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	11.b. Approximate dollar valuate. 12.a. Nature of interest held	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

Name of Person Filing Frank O'Lone	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name Sheet Metal Workers Union Local #73  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 4550 West Roosevelt  City Hillside  State Illinois ZIP Code + 4 60162  10. If 9.b. or 9.c. is checked give trust or employer's name.	9. Business deals with:    X
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing. \$50
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount.
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.
Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name	14.a. Nature of payment.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
, ,	
Street City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

Name of Person Filing Frank O'Lone		File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or inc dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the busines: vely seeking to represent, or firectly to, or otherwise	\$
8. Name and address of Business (including trade name, if any).  Name Union Plus Mortgage Program  Trade Name, if any:  P.O. Box, Bldg., Room No., if any #100  Street 241 Commerce Drive  City Crystal Lake  State Illinois ZIP Code + 4 60014	9. Business deals with:  a. Labor Organiza  b. Trust  c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name	11.a. Nature of such deali Annual golf outing	ng. , luncheon and meeting.
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	11.b. Approximate dollar valu 12.a. Nature of interest held	
	12.b. Amount.	10 miles
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money		
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		3
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 13599	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Frank W O'Lone	Name Ceramic Tile & Terrazzo Local #67
	Labor Organization File Number 026-734
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 14419 W. Renmore Rd.	Street 6425 S. Central Ave.
City Homer Glen	City Chicago
State Illinois ZIP Code + 4 60491	State Illinois ZIP Code + 4 60638
5. Position in labor organization. Business Manager, 1st 2 month	s of 04
Enter appropriate data below If, during the past fiscal year, you or your sp (except as specified in the exc	ouse or minor child directly or indirectly had any of the following interests lusions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or	r derived income or other economic benefit of
monetary value from an employer whose employees your organizate	r derived income or other economic benefit of tion represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.
6. Name and address of Employer (including trade name, if any).	tion represents or is actively seeking to represent.
monetary value from an employer whose employees your organizate	tion represents or is actively seeking to represent.
monetary value from an employer whose employees your organizate  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	tion represents or is actively seeking to represent.
monetary value from an employer whose employees your organizate  6. Name and address of Employer (including trade name, if any).  Name	tion represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.
Monetary value from an employer whose employees your organizate  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.
monetary value from an employer whose employees your organizate  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	7.a. Nature of Interest, Transaction, or Income.
monetary value from an employer whose employees your organizate  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.
Monetary value from an employer whose employees your organizate  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  Sig  15. Signature and verification. The undersigned declares, under penalty or	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  7.b. Amount.  7.b. Amount.  7.b. Amount.
monetary value from an employer whose employees your organizate  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  Sig  15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompared).	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  7.b. Amount.  7.b. Amount.  7.b. Amount.

Name of Person Filing Frank O'Lone		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Ceramic Tile Institute	a. Labor Organiza	tion	
Trade Name, if any:	b. Trust		
P.O. Box, Bldg., Room No., if any	c. Employer		
Street 725 E. Irving Park			ļ
City Roselle  State Illinois ZIP Code + 4 60172			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ng.	
Name	Expenses for attendusiness hours.	ding a meeting after normal	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar valu	e of such dealing	90
City	12.a. Nature of interest held		,,,,
State ZIP Code + 4			
			į.
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			٠
P.O. Box, Bldg., Room No., if any			
Street			-
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		